



April 12, 2018

Dear EMT Student,

We are very excited to welcome you to the Emergency Medical Technician (EMT) program at Medstar Ambulance. You will soon begin a very challenging and rewarding process. The program meets at Medstar Headquarters, located at 380 North Gratiot in Clinton Township; and class is held Tuesday and Thursday's from 6-10pm and every other Saturday from 9am-5pm.

Due to the fast pace of the EMT program, student performance is critical. Please note that we begin covering important material on the first day of class. An 80% average is required to maintain good standing in the course. Any student dropping below 80% will be put on academic probation. Stipulations for academic probation will be discussed on the first day of class which is Tuesday September 4, 2018.

At the conclusion of the program, all students must have an 80% average on course material and score an 80% on the final examination in order to be eligible to take the National Registry exam (required for Michigan licensure). Further academic requirements will be explained in detail on the first night of class.

The clinical rotation component of the program requires all students to have documentation of immunizations, physical evaluation, criminal background check, and drug screening. Information about how to obtain these requirements is provided in the following pages. The costs of the clinical rotation requirements are not included in the tuition.

Parking in the front of our building is limited; students often use the Dollar Store lot located next to our building and park in the public spots nearest our facility.

The due date for the completion of these attached requirements will be October 2, 2018. Please make all attempts to complete as much as possible before the start of the program. Bring this packet and any completed supporting documentation with you to the first class.

Should any questions arise prior to the first night of class, please do not hesitate to contact us

Sincerely,

Medstar Education

586-463-5125

abiliti@medstarambulance.org



Financial Options

Course Cost

1. Course cost is \$1500 if paid in full. Paid in full means paid before the start date of the program.
2. Course cost discount rate is \$1350 for employees, employee friends and family members, police, fire, or military. (Discount rate only applies if paid in full and may require verification proof.)
3. Course cost on payment plan is \$1550. The payment plan requires a \$350 deposit and then there are four monthly payments (during the second, third, fourth, and fifth month of the program of \$300 each.) Monthly payments are required to be set up as automatic debit/credit withdraws and paperwork supporting will be provided on enrollment.

**Reminder that any one of the above payment options is what reserves your spot in the course. Registration is also granted on a first come first serve basis.

Refund Policy

**All payments made are subjected to a \$250 non refundable registration fee.

More than 10 days before first class session

- Withdraw must be in writing (electronic accepted)
- \$250 registration fee will be retained

Less than 10 days before start (but before the first class session)

- Withdraw must be in writing (electronic accepted)
- \$250 registration fee and \$25 commitment fee will be retained

Within 7 days of first class session

- Withdraw must be in writing (electronic accepted)
- \$250 registration fee and 5% of course tuition will be retained

Within 14 days of first class session

- Withdraw must be in writing (electronic accepted)
- \$250 registration fee and 10% of course tuition will be retained

Greater than 14 days after first class session

- No refunds will be given

**All tuition costs include the text book, one uniform polo shirt, AHA CPR certification, and additional online resource programs utilized in the course.



EMT Basic Description

Emergency Medical Technicians-Basic (EMT-B) respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and to transport the patient to a medical facility. This course focuses training on recognizing and treating life-threatening emergencies. No prior medical experience or training is required of the course applicant.

The EMT-B learns the basics in how to handle:

- Cardiac and respiratory arrest
- Heart attacks
- Seizures
- Diabetic emergencies
- Respiratory problems
- Childbirth
- Falls
- Fractures
- Lacerations and burns

In order for the student to be eligible to be state licensed, the student must:

- Successfully pass the course (including be able to read, understand, and communicate in English, be free from any physical or mental disability which might impair his/her ability to perform within the scope of the EMT-B's training)
- Be 18 years of age
- Successfully pass the National Registry written and practical exam
- Send application for licensure to the State of Michigan for a Health Care License

(This list is not all inclusive; a complete list can be found at www.mi.gov/ems)

**There are additional fees associated with the National Registry certifying exams and state license that are not included in the course fee.

Student becomes licensed with the State of Michigan as an EMT

Student meets qualifications and eligibility for hire as an EMT at Medstar

Student is reimbursed cost tuition for the EMT program (as described in terms of the contract)

Medstar Medical Education Center

Initial Education Programs

Student Information Sheet

The following information is necessary for grading, contacting you if necessary and in the case of emergency. This information will be held in the strictest of confidence within your student file by the Lead Instructor and returned to you in your final packet. All information marked with an asterisk (*) and bold is required.

PLEASE PRINT

***Name:** _____ ***Date:** _____

Address: _____

***Phone number where you can be reached:** _____

Alternate phone number: _____

***Email Address:** _____

***Emergency Contact person and phone #:** _____

***I may have concerns regarding my criminal background check:** Yes

No

For the purposes of grading, please select a unique four-digit "code" number that only you will remember, not starting with ZERO. It is preferred that you not use any part of your Social Security Number.

*** My four-digit Code is:** _____



HEALTH INSURANCE FORM

I understand the importance of maintaining in force a policy of health insurance to defray the cost of hospital and medical care of any illness or injury that I might sustain while participating in any clinical field work. I also understand that I might incur a substantial monetary liability as a result of failure to have such insurance in force.

I am aware that the clinical agency and/or the school shall in no event be responsible for any costs incurred of my sustaining illness or injury while participating in any field clinical work.

_____ I currently have in force a policy of health insurance.
(Initial)

_____ I have been advised of the importance of maintaining adequate health insurance and elect not to maintain such a policy,
(Initial)

TODAY'S DATE

STUDENT PRINTED NAME

STUDENT SIGNATURE

WITNESS SIGNATURE

INSTRUCTOR SIGNATURE



HEPATITIS B VACCINE FORM

I understand that due to the possibility of exposure to blood or other potentially infectious materials during my clinical training, I may be at risk of acquiring the Hepatitis B viral (HBV) infection, a serious and potentially fatal disease.

(Initial)

I have been previously vaccinated and/or have begun the series of vaccinations against Hepatitis B.

(Initial)

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious and potentially fatal illness.

PRINTED NAME

SIGNATURE

DATE

WITNESS SIGNATURE AND PRINT

DATE

INSTRUCTOR SIGNATURE

DATE



Statement of Flu Vaccination

To Whom It May Concern:

The person named below has received the flu vaccine so that they may participate in EMT clinical Rotations.

Student Name: _____
Please print

Date of vaccination: ____/____/____

By Physician or designee: _____
Please print

Signature: _____

Vaccine Manufactured by: _____

Lot Number: _____



TB Testing

Medstar Education Center and our contracted clinical facilities require documented TB tests on all students. These are required before any student can be allowed in the clinical setting.

Medstar Education Center requires students to provide a documented **NEGATIVE** TB test within 6 months of the start to the program.

TB tests can often be received at a Primary Care Physician office.

TB tests can also be obtained at Concentra Urgent Care locations.

TB are also offered at several Health Department Vaccination clinics on a walk-in basis for a very minimal fee.



380 North Grand
Clinton Township, MI
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WEB SITE www.medstarambulance.org



TB Skin Test Consent and Results

Part I

Complete all of Part I. You must have this test read within 48-72 hours.

Patient Name: _____ Phone #: _____

Employer: _____

Medical History	Yes	No
Is there a possibility of you being pregnant?		
Have you had a TB test within the last six months?		
Have you tested positive for a TB test in the past?		

I hereby request and authorize Medstar Ambulance to administer a TB skin test today. I agree to return for the test reading within the time frame indicated. All answers to the above questions are true and correct.

Patient Signature: _____ Date: _____

Part II

Lot #	Expiration Date	Left/Right Forearm

Date administered: _____ Time administered: _____ am/pm

Person administering test: (print) _____

Signature of person administering test: _____

Part III

Induration in mm	Negative/Positive

Induration greater than 10mm is considered a positive skin test

Date read: _____ Time read: _____ am/pm

Person reading test: (print) _____

Signature of person reading test: _____



Immunization Records

Medstar Education Center and our contracted clinical facilities require documented immunizations on all students in compliance with Michigan Department of Consumer & Industry's EMS Division. These are required before any student can be allowed in the clinical setting.

Medstar Education Center requires students to provide the verification of immunizations. These are the required verifications needed:

- **Hepatitis B**
This is a series of 3 vaccinations.
Acceptable verification includes:
 1. Documented dates of all three vaccinations
 2. Documented date of the 1st vaccination in the series (if not previously received)
 3. Documented proof of seropositivity via titer (lab values)

- **Measles, Mumps, Rubella**
Acceptable verification includes:
 1. Documented dates of 2 vaccination doses after first birth date
 2. Documented proof of seropositivity via titer (lab values)

- **Tetanus and Diphtheria**
Acceptable verification includes:
 1. Documented date of vaccination within 10 years per CDC guidelines

- **Varicella**
Acceptable verification includes:
 1. Documented date of vaccination
 2. Documented proof of seropositivity via titer (lab values)



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HEALTH HISTORY (To be filled out by the student)

Student: Male Female

NAME		
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE	DATE OF BIRTH	

Person to notify in an emergency:

NAME		
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE	RELATIONSHIP	

PRINT LAST NAME

Personal History

1. Have you ever had, or do you now have, any of the following:

	YES	NO
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>
HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Drug Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever or Chorea	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Discharging Ear	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions, "Black-Out," or Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Mental or Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury or Problems	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Any Medications	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>

2. Are you now receiving treatment for any of the above?

Yes No

If Yes, please explain: _____

3. Do you have any physical impairment, such as paralysis, loss of vision, impaired hearing, impaired speech, etc.?

Yes No

If Yes, explain: _____

4. Are you taking any medications regularly?

Yes No

If Yes, explain: _____

5. Dates of significant injuries or operations which you have had:

INJURY/OPERATION	DATE
------------------	------

_____	_____
_____	_____
_____	_____

If none, check here

6. Have you ever been advised against normal physical exercise? Yes No

If yes, explain, giving advisor, date of advice, and reason:

PRINT

DATE

SIGNATURE

PHYSICAL EXAM (To be completed by the physician)

(This physical examination will be at the student's expense)

Height: _____
 Weight: _____
 B.P.: _____
 Pulse: _____

	NORMAL	ABNORMAL
Cardio-Vascular	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Digestive	<input type="checkbox"/>	<input type="checkbox"/>
Nose and Throat	<input type="checkbox"/>	<input type="checkbox"/>
Ears (Hearing)	<input type="checkbox"/>	<input type="checkbox"/>
Eyes (Vision)	<input type="checkbox"/>	<input type="checkbox"/>
Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
Bones and Joint	<input type="checkbox"/>	<input type="checkbox"/>

Describe abnormalities briefly:

Is this student presently under medical therapy? Yes No
 If Yes, please explain: _____

Is this student capable of normal physical exercise?

Yes No

If No, please explain: _____

Is this student presently under medical, neurological or psychiatric treatment? Yes No

If Yes, please explain: _____

Does this student have a history of Hepatitis B? Yes No

Is this student a carrier? Yes No

Are there any physiological and/or psychological limitations that would restrict this individual's participation in the EMT and/or Paramedic Academy? Yes No

If Yes, please explain: _____

(Student must submit copies of lab tests and results for following diagnostic tests and immunizations)

Diagnostic Tests (To be completed by the physician)

Tetanus (Received within the last 10 years)
 TB Test Positive Negative
 Chest X-Ray* (only if positive TB Test)
 *Must be within one year of administrative practicum start date.
 Titers* must be drawn for:
 Rubella Positive Negative
 Rubella Positive Negative
 Mumps Positive Negative
 Varicella Positive Negative
 Hepatitis B Positive Negative

DATE COMPLETED

COMMENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Titers are highly recommended but not required if student has immunization records.

DATE

DATE

DATE

1st Hepatitis B _____ 2nd Hepatitis B _____ 3rd Hepatitis B _____

MMR (Mumps, Measles, Rubella) Date _____

Varicella Date _____

5 Panel Drug Screen

SIGNATURE OF PHYSICIAN

DEGREE

DATE

PLEASE PRINT NAME



Background Checks

Medstar Education Center and our contracted clinical facilities require documented background checks on all students. These are required before any student can be allowed in the clinical setting.

Medstar Education Center requires students to provide the verification of personal background checks. We require a total of 3 checks to be completed.

OTIS-MDOC (No Charge to Student)

<http://mdocweb.state.mi.us/OTIS2/aboutotis2.aspx>

To complete the search:

Enter your full legal name

Enter your sex: (M/F)

Race: ALL

Offender Status: ALL

Click the SEARCH button

Print the search results page

PSOR-Michigan Public Sex Offender Registry (No Charge to Student)

http://www.communitynotification.com/cap_main.php?office=55242/

To complete the search:

Click the search by NAME tab

Enter your full legal name

Print the search results page

ICHAT-Internet Criminal History Access Tool (\$10 COST to Student)

www.michigan.gov/ichat

To complete the search:

Enter your full legal name

Enter your sex: (M/F)

Enter your race

Enter your DOB

Print the search results page



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Drug Screening

Medstar Education Center and our contracted clinical facilities require documented drug screenings on students. These are required before any student can be allowed in the clinical setting.

Medstar Education Center requires students to provide verification of drug screening. We require students to successfully pass a MINIMUM of a 5 PANEL drug screen. Student must show documentation of successfully passing the drug screen limited to 6 months from the start of the program.

Drug screening can often be performed at a Primary Care Physician office.

Drug screening can also be obtained through Concentra Urgent Care
A rapid drug screen costs \$67 (Can not be on any prescribed medications)
A Lab drug screen costs \$69 (If you take any prescribed medications)

Drug screen results are turned in and kept in student files.



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